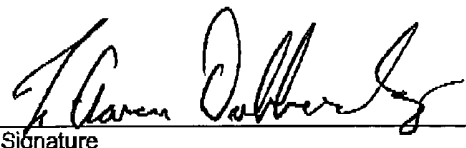


PTO/SB/22 (8-00)

Approved for use through 10/31/2002. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Aventis Docket Number USA3400 US PCT											
In re Application of RIDET, et al.													
Application Number 09/868,026		Filed 11 January 2002											
For HUMAN ADULT ASTROCYTES, THEIR PREPARATION AND USES THEREOF													
Group Art Unit 1647		Examiner NICHOLS, Christopher J.											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension fees are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ 950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ 1,480.00</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ 2,010.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1982. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input type="checkbox"/> attorney or agent of record (Customer No. 005487).</p> <p><u>March 26, 2004</u> Date</p> <p> Signature</p> <p><u>F. Aaron Dubberley, Reg. No. 41,001</u> Typed or Printed Name</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00
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<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00												

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